

Fill in this information to identify the case:

Debtor name Miracare Neuro Behavioral Health, P.C.

United States Bankruptcy Court for the: Northern District of Illinois

Case number (If known): 24-13266

Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2024</u> <u>MM / DD / YYYY</u>	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>3,204,831.14</u>
<b>For prior year:</b>	From <u>01/01/2023</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2023</u> <u>MM / DD / YYYY</u>	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>4,751,173.27</u>
<b>For the year before that:</b>	From <u>01/01/2022</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2022</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>4,877,675.89</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>  </u> <u>MM / DD / YYYY</u>	to	Filing date <u>  </u>	\$ <u>  </u>
<b>For prior year:</b>	From <u>  </u> <u>MM / DD / YYYY</u>	to	<u>  </u> <u>MM / DD / YYYY</u>	\$ <u>  </u>
<b>For the year before that:</b>	From <u>  </u> <u>MM / DD / YYYY</u>	to	<u>  </u> <u>MM / DD / YYYY</u>	\$ <u>  </u>

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**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name _____		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name _____ _____ _____		\$ _____	
<b>Relationship to debtor</b> _____			
4.2. Insider's name _____ _____ _____		\$ _____	
<b>Relationship to debtor</b> _____			

Debtor Miracare Neuro Behavioral Health, P.C. \_\_\_\_\_ Case number (if known) 24-13266 \_\_\_\_\_  
Name \_\_\_\_\_

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____	_____	_____	\$ _____

5.2.  
Creditor's name \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Meridian Equipment Finance, LLC v. Miracare Neuro Behavioral Health, P.C., et al	Breach of Contract	Philadelphia County Court of Common Please	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 240301724		1400 John F. Kennedy Blvd. Philadelphia, PA 19107	

Case title	Court or agency's name and address	Status of case
7.2. Robert Juris & Associates Architects, Ltd.-vs-Palos Behavioral Health Professionals	Circuit Court of Cook County, Illinois	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 2023L012066	Breach of Contract 50 W. Washington St. Chicago, IL 60602	

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**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None

Custodian's name and address	Description of the property	Value
		\$
Custodian's name	Case title	Court name and address
Case number	Name	
Date of order or assignment		

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
			\$

**Recipient's relationship to debtor**

9.2. Recipient's name			\$
			\$

**Recipient's relationship to debtor****Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>	Date of loss	Value of property lost <small>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>
			\$

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**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. David R. Herzog		08/2024	\$ 15,000.00

## Address

Law Office of David R. Herzog  
53 W. Jackson Blvd., #1442  
Chicago, IL 60604

## Email or website address

## Who made the payment, if not debtor?

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____		_____	\$ _____

## Address

## Email or website address

## Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee		_____	\$ _____

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**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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13.1. \_\_\_\_\_ \$ \_\_\_\_\_

Address

Relationship to debtor

Who received transfer?

\_\_\_\_\_ \$ \_\_\_\_\_

13.2. \_\_\_\_\_

Address

Relationship to debtor

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
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14.1. From \_\_\_\_\_ To \_\_\_\_\_

14.2. From \_\_\_\_\_ To \_\_\_\_\_

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## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	MiraCare Center Facility name  6775 Prosperi Drive Tinley Park, IL 60477	Psychiatric and behavioral healthcare for children, adolescents and families  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.  Qualifacts by insync	How are records kept?  <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2.	Palos Behavioral Health Professionals Outpatient Center Facility name  11800 S. 75th Ave. 3rd Floor Palos Heights, IL 60463	Psychiatric and behavioral healthcare for children, adolescents and families  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.  Qualifacts by insync	Check all that apply:  <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

## Part 9: Personally Identifiable Information

### 16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- No
- Yes

### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan \_\_\_\_\_

Employer identification number of the plan \_\_\_\_\_

EIN: \_\_\_\_\_

Has the plan been terminated?

- No
- Yes

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**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

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Name \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
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Business name and address Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
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Business name and address Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
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Debtor

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**26. Books, records, and financial statements**

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

	Name and address	Dates of service
26a.1.	Roche, Scholz, Roche & Walsh Name 9480 Enterprise Dr., Mokena, IL 60448	From <u>01/01/2014</u> To <u>06/01/2024</u>

	Name and address	Dates of service
26a.2.	Karen Szfranski Name 7918 Everglade Ave., Woodridge, IL 60517	From <u>06/20/2022</u> To <u>04/08/2024</u>

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

	Name and address	Dates of service
26b.1.	Matthew Barry Name 16842 Swift Arrow Dr., Lockport, IL 60441	From <u>07/14/2020</u> To <u>12/15/2023</u>

	Name and address	Dates of service
26b.2.	Name	From _____ To _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	Name	

Debtor Miracare Neuro Behavioral Health, P.C. \_\_\_\_\_ Case number (if known) 24-13266 \_\_\_\_\_

**Name and address**

If any books of account and records are unavailable, explain why

26c.2.

Name \_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1. American Commercial Bank & Trust

Name \_\_\_\_\_

4733 Main St., Lisle, IL 60532

**Name and address**

26d.2.

Name \_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

\_\_\_\_\_

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_

Debtor Miracare Neuro Behavioral Health, P.C. Case number (if known) 24-13266

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	_____	\$ _____

**Name and address of the person who has possession of inventory records**

27.2.

Name \_\_\_\_\_

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Christopher J. Higgins	12313 S. 91st Ave., Palos Park, IL 60464	President	100

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name _____	_____	_____	_____
Relationship to debtor	_____	_____	_____

Debtor

Miracare Neuro Behavioral Health, P.C.  
Name \_\_\_\_\_

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Name and address of recipient \_\_\_\_\_

30.2

Name \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No  
 Yes. Identify below.

Name of the parent corporation \_\_\_\_\_

Employer identification number of the parent corporation \_\_\_\_\_

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No  
 Yes. Identify below.

Name of the pension fund \_\_\_\_\_

Vanguard

Employer identification number of the pension fund \_\_\_\_\_

EIN: 36-4397534

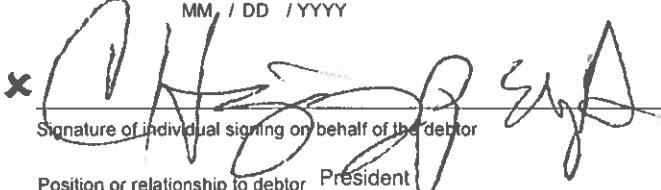
**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/01/2024  
MM / DD / YYYY

  
Signature of individual signing on behalf of the debtor \_\_\_\_\_

Printed name Christopher Higgins

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No  
 Yes

Continuation Sheet for Official Form 207**7) Legal Actions****VWI, Inc. -vs- MIRA CARE GROUP, LLC****2023L011323****Breach of Contract****Circuit Court of Cook County, Illinois****50 W. Washington St., Chicago, IL 60602****Pending****-----****Pawnee Leasing Corp. v. Miracare Neuro Behavioral Health, P.C., et al.****2024L003769****Default****Circuit Court of Cook County, Illinois****50 W. Washington St., Chicago, IL 60602****Pending****-----****Channel Partners Capital, LLC v. Mira Neuro Behavioral Health Care, LLC, et al****Breach of Contract****Lyon County District Court****607 West Main, Marshall, MN 56258****Pending****-----****Balboa Capital Corp. v. Miracare Neuro Behavioral Health, PC, et. al.****30-2023-01358087-CU-CL-CJC****Default****Superior Court of California, Orange County****700 W Civic Center Drive West, Santa Ana, CA 92701****Pending****-----****North Mill Equipment Finance LLC v. Miracare Neuro Behavioral Health PC****2024L050494**

Debtor Name

**Continuation Sheet for Official Form 207****Breach of Contract**

Circuit Court of Cook County, Illinois  
50 W. Washington St., Chicago, IL 60602

**Pending**

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**15) Health Care Bankruptcies**

MiraCare Neuro 15419 E. 127th St. Suite Electronically  
Behavioral Health 300, Lemont, IL 60439

MiraCare Neuro 9990 W. 190th St. Suite Electronically  
Behavioral Health C, Mokena, IL 60448

**17) Pension Contributions**

Vanguard 36-4397534

**26a) Bookkeepers**

Ryan Anderson, CPA, 469 N. Lake St., 04/09/2024 09/08/2024  
and Accounting Mundelein, IL:  
Freedom, Ltd. 60060